

Notice: This form is required by the Department for any reimbursement claim filed in accordance with Chapter NR 199, Wis. Adm. Code. Personal information will be used for program administration and is not intended to be used for any other purpose. Information will also be made available to requesters under Wisconsin’s Open Records laws (s. 19.32-19.39, Wis. Stats.) and requirements.

Instructions: Attach DNR form 8700-292 Municipal Flood Control Grant Program Reimbursement Request cover sheet with photocopies of vendor invoices, canceled checks (front and back) issued for all services and materials described on this worksheet. Attach all photocopies of invoices and checks behind this worksheet with one staple in the upper left hand column. Use additional worksheets if needed.

Grantee/Management Unit:	Project Name:	Grant Number:
--------------------------	---------------	---------------

Eligible cost as described in ch. NR 199:

1. Labor Costs

2. Laboratory analysis

3. Surveys
4. Publications

5. Mailings

6. Professional Service Contracts
7. Development Activities

8. Engineering or planning fees

9. Materials
10. Supplies

11. Equipment

12. Leased Equipment/Facilities

Date of Check (month/date/year)	Check Number	Invoice Number	Payee	Project Item (see eligible cost above)	Total Cost of Project

Total Amount Paid:

\$

State Share:

X .70%

Total Amount of Claim:

\$